

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541441

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4						
5						
6						
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8						
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10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23			13			
24			8		1	
25			8			
26			13			
27			13			
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45						
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47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.	127	←	22	←	←	
TOTAL CLAIMS	128		23			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.	←	←	←	←	←	
TOTAL CLAIMS						